

POSTSECONDARY APPLICATION FOR OCCUPATIONAL SPECIALIST CERTIFICATION

MAIL TO: Department of Education
P.O. Box 83720
Boise, ID 83720-0027

____ Initial Application
____ Revision

____ Renewal
____ Reinstatement
____ Evaluation Only

***NOTE: \$35.00 APPLICATION FEE IS PAYABLE TO IDAHO DEPARTMENT OF EDUCATION**

***FEE Must** accompany this Application and is NONREFUNDABLE. Please use a CHECK or MONEY ORDER

1. Name of Applicant:			Social Security No.:	
2. Home Address:			City/State/Zip:	
3. Hold a high school diploma or a GED? <div style="display: flex; justify-content: space-around;"><input type="checkbox"/> YES <input type="checkbox"/> NO</div>		Date of Birth:		Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
		Home Phone () Work Phone ()		

4. Check the **Occupational Area** and list the **Subject Area** to be taught:

AGRICULTURE AREA			MARKETING AREA		
BUSINESS AREA			RELATED SUBJECTS		
COUNSELING/ SP NEEDS			OCCUP FAMILY & CON SCI		
HEALTH AREA			TRADES & INDUSTRY		
WORK-BASED LEARNING			PRO-TECH ADMINISTRATOR		

5. Are you currently teaching or contracted to work in a professional-technical program? _____ YES _____ NO
6. If "yes", indicate school and program: _____

Complete sections 7-9 if this is your initial application for certification. If you are applying for renewal of your professional-technical certificate, only provide information in sections 7-9 that is new. Sections 10-14 **MUST** be completed.

7. **Educational Data:** TRANSCRIPTS MUST BE PROVIDED TO DOCUMENT COURSEWORK COMPLETED.

	NAME OF SCHOOL	LOCATION	DIPLOMA, CERTIFICATE OR DEGREE GRANTED	DATE GRANTED	MAJOR
TECHNICAL SCHOOL					
COLLEGE					
COLLEGE					

8. **Specific Training:** (List all schools and private training in special subjects)

COURSE OR SUBJECT	INSTITUTION, COMPANY OR PRIVATE TEACHER	DATES	CLOCK HOURS	CREDITS OR CERTIFICATES

9. **Employment Experience:** (Other than teaching) Please list all wage earning experience. Attach a separate sheet if more space is needed.

FROM MO/YR	TO MO/YR	HRS PER WEEK	KIND OF WORK/INDUSTRY CERTIFICATE	EMPLOYER	CITY	STATE

Form C1

**POSTSECONDARY
APPLICATION FOR OCCUPATIONAL SPECIALIST CERTIFICATION (Page 2)**

10. Teaching experience in Public Schools, Business, Industry, etc.

NAME OF SCHOOL OR COMPANY	SUBJECT OR OCCUPATION	CITY	STATE	FROM MO & YR.	TO MO & YR.

11. Have you ever held an Idaho Teacher Certificate? YES _____ NO _____

If "YES", what type and what is the year of expiration? _____

12. Have you ever had an out-of-state certificate endorsed for use in Idaho? YES _____ NO _____

13. Have you ever had a teaching certificate revoked, suspended, or denied, or have you voluntarily relinquished a teaching certificate to avoid revocation proceedings in Idaho or another state? **** YES** **NO**

14. Have you ever been adjudicated guilty in a court of law of an offense other than a minor traffic violation? ** YES _____ NO _____

****If answer is YES to either question # 13 or # 14, attach an explanation of the circumstances****

By your signature, upon this application, you attest and affirm that all statements made on this application are true and correct according to your knowledge and belief. You further attest and affirm that you have and will abide by Idaho Code and State Board of Education rules and regulations relative to the responsibility and conduct of certificated Idaho educators. Entry of false information on this application could result in denial of your application or revocation of your certificate.

SIGNATURE OF APPLICANT

DATE _____

THIS PORTION TO BE COMPLETED BY THE STATE DIVISION OF PROFESSIONAL-TECHNICAL EDUCATION

TYPE OF OCCUPATIONAL SPECIALIST CERTIFICATE

ENDORSEMENT

ENDORSEMENT

ENDORSEMENT

VALID FROM:_____ TO:_____

APPROVED: _____ DATE _____
PROFESSIONAL-TECHNICAL CERTIFICATION COORDINATOR

Revised 1/04